Erin Meier, CMM
PrimeLine OKC
Under Supervision of Dr. Ivan Wayne, MD: W Facial Aesthetics

Scalp Micropigmentation Medical History Form

Client Information:

Name: ____

Age: __________ Marital Status: ____________________ Gender: **M F**

Address: ____

City: ___________________________ State: _____________ Zip: _______

Home Phone: ____________________ Cell Phone: ________________________

Date of Birth: ______/______/______ Email: ____________________________

Emergency Contact: _______________ Contact's Number: _________________

Physician: _______________________ Physician's Number: ________________

Pharmacy Name: __________________ Pharmacy Number: _________________

Employer: _______________________ Job Title: __________________________

How did you hear about us? ____

Hair History:

Have you had a hair transplant? ☐ Yes ☐ No

If so, please provide the date and results: ______________________________

Are you currently using any hair loss products, such as a hair system or medication? ☐ Yes ☐ No

If so, please list: ____

How long have you been experiencing hair loss? __________________________

How often do you receive haircuts? ___________________________________

Medical History:

Are you currently receiving treatment for any medical conditions at this time? ☐ Yes ☐ No

If so, please describe:____

Have you taken an aspirin or ibuprofen in the last two days? ☐ Yes ☐ No

Are you currently taking any medications? ☐ Yes ☐ No

If so, please list: ____

Do you have any allergies (including food, medicine, or latex)? ☐ Yes ☐ No

If so, please list: ____

Have you had any cosmetic procedures in the past, such as hair transplants, botox, or dermal fillers? ☐ Yes ☐ No
If so, please list: ______________________________

Do you have permanent makeup or tattoos? ☐ Yes ☐ No

Do you have an MRI scan scheduled in the next three months? ☐ Yes ☐ No

Have you been diagnosed with HIV/AIDS or Hepatitis B or C? ☐ Yes ☐ No

Please check to indicate if you have or have had any of the following conditions:

☐ Abnormal Heart Condition
☐ Palpitations
☐ Rheumatic Fever
☐ Hemophilia
☐ Anemia
☐ Prolonged Bleeding
☐ Healing Issues
☐ Bruise Easily
☐ High Blood Pressure
☐ Low Blood Pressure
☐ Fainting Spells or Dizziness
☐ Cerebral Incidents (i.e. stroke)
☐ Epilepsy
☐ Diabetes
☐ Thyroid Disorder
☐ Kidney Disease
☐ HIV/AIDS
☐ Hepatitis
☐ Herpes, Cold Sores, or Fever Blisters
☐ Eczema
☐ Keloid Scars
☐ Scar Easily

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Scalp Micropigmentation Informed Consent

Treatment Description:

Scalp Micropigmentation (SMP) treatment is an elective treatment and purely cosmetic and there is no medical reason that a client requires this treatment. SMP treatment is a form of tattooing and uses colorants made from natural ingredients such as beta-carotene and iron oxide. The SMP pigmentation procedure requires that the colorants be applied just below the skin in the dermis.

Client Agreement:

Please initial the following to indicate that I understand and agree to the terms listed below.

	I understand that while it is unlikely, that I may develop an allergic reaction to the colorants used during this procedure. I also understand that I am entitled to request a patch test to determine the likelihood of such a reaction, but that a patch test is not a definitive indication that I will not have an allergic reaction.
	I understand that while the procedure is reversible, the markings can be difficult to remove and no guarantees can be made about the outcome of such a procedure.
	I understand that as with any tattoo procedure, there is a risk of infection. While infections can be very serious, they are rare.
	I understand that I may experience some discomfort or in rare instances pain during the SMP procedure.
	By my initials, I indicate that I do not have a history of skin cancer or if I do that I have been cleared by my Primary Care Physician to receive SMP treatment.
	I understand that the final outcomes of SMP treatment cannot be guaranteed and that they largely depend on the individual healing process of each client.
	I understand that Primeline OKC Associates will provide consistent coverage, but there is a possibility that some areas of the scalp may appear darker or lighter than others due to skin conditions, scalp markings, and previous scarring.
	I understand that in order to obtain optimal results that I must comply with aftercare instructions and attend all appointments.
	I understand that following the treatment that the skin may appear red and that the procedure sight may be swollen. Blistering or crusting is not common, but can occur and can take several weeks to resolve. I also understand that I should contact Primeline OKC if I experience blistering/crusting or have any concerns during the healing process.
	I understand that there is a risk of micro scarring, though it is unlikely.
	I understand that treatment areas should not be picked, scratched, or otherwise traumatized. I also understand that the treatment area should be

	kept well moisturized and out of direct sun exposure as advised in the post-treatment instructions.
	I understand that Primline OKC is not liable for any reactions caused by my failure to follow post-treatment instructions.
	I confirm that I have notified a Primeline OKC Associate of any medical and/or skin conditions I have prior to treatment. I also understand that it is my responsibility to inform a Primeline OKC Associate of any changes in my medical history or medications prior to each individual treatment. I understand that Primeline OKC is not liable for any damages/reactions that occur as a result of my failure to disclose my personal health information.
	I confirm that I have been given the opportunity to discuss the SMP treatment with Primeline OKC Associates and I have had the opportunity to ask questions related to this treatment.
	I confirm that I am at least 18 years of age and that I have provided proof of my age, if necessary.
	I understand that photographs of my face and scalp will be taken before, during, and after treatment for the purpose of providing my SMP treatment and will be kept in internal records. I also understand that these photos will not be used for any other purposes without my expressed consent.
	My initials here indicate that I am comfortable with my photos being shared with other potential clients and for promotional purposes.

Cancellations and Payments:

If you are unable to attend your appointment, we require a notice of 5 business days in order to reallocate your appointment to another client. If you arrive more than 10 minutes late to your appointment, your appointment may be cancelled at the discretion of Primeline Associates. A non-refundable deposit of $400 will be required to secure your appointment time. If you fail to arrive for your treatment, cancel/reschedule without appropriate notice, or arrive late to your appointment, your deposit will be used as a cancellation charge. Cash, checks, credit cards, and debit cards may all be used as forms of payment.

Acknowledgments:

By my signature below I confirm that I have read and understand the information set forth above and in all the documentation provided to me. I also understand that the SMP treatment will require multiple sessions (a minimum of 2) and agree to pay the determined amount for said treatments.

Client Signature: ____ Date: ________

Witness Signature: ____ Date: _________